Image# 14961645189 PAGE 1 / 3

## **FEC FORM 2**

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Jackie Walorski Swihart				10.0 ELL 1 55011 EG E				
	(b) Address (number and street) 59555 County Road 3	☐ Check if a	address cha	nged	Candidate's FEC Identification Nun     H0IN02190	iber			
	(c) City, State, and ZIP Code				3. Is This New	Amended			
	Elkhart		IN	46517	Statement (N) OR	<b>X</b> (A)			
4.	Party Affiliation	5. Office Sought			strict of Candidate				
	REPUBLICAN PARTY	House		IN	02				
	DE	SIGNATION OF	PRINCI	PAL CAMPAIG	ON COMMITTEE				
7.	I hereby designate the following nar	ned political committee	as my Prin	cipal Campaign Cor	nmittee for the $\frac{2014}{\text{(year of election)}}$ election(	s).			
	NOTE: This designation should be f	filed with the appropriate	e office liste	ed in the instructions					
	(a) Name of Committee (in full)								
	Walorski for Congre	ss, Inc.							
	(b) Address (number and street)								
	PO Box 954								
	(c) City, State, and ZIP Code								
	Mishawaka			IN	46546-0954				
	DE	SIGNATION OF	OTHER	AUTHORIZED	COMMITTEES				
		(Includinç	g Joint Fund	Iraising Representat	rives)				
8	I hereby authorize the following nam	ned committee, which is	s NOT my n	rincinal campaign co	ommittee, to receive and expend funds on	hehalf of my			
٥.	candidacy.	iod committee, which is	ortor my p	morpar campaign of	on miles, to receive and expenditures of	bonan or my			
	•								
	NOTE: This designation should be f	iled with the principal ca	ampaign co	mmittee.					
	(a) Name of Committee (in full)								
	Patriot Day I								
	(b) Address (number and street)								
	228 S Washington St								
	(c) City, State, and ZIP Code								
	Alexandria			VA	22314				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Signature of Candidate Date									
Si	gnature of Candidate				Date				
	gnature of Candidate uckie Walorski			[Floatmania allo Fila	07/40/0044				
				[Electronically Filed	07/40/0044				
				[Electronically Filed	07/40/0044				
Ja	ickie Walorski	, or incomplete informat		·	07/40/0044				
Ja	ickie Walorski	, or incomplete informat		·	dJ 07/16/2014				
Ja	ickie Walorski	, or incomplete informat		·	dJ 07/16/2014				

FEC FORM 2 (REV. 02/2009)

## **FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)**

FEC Form 2 (Rev. 02/2003)		Page 2 / 3
DESIGNA	TION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ ADDITIONAL ]
I hereby authorize the following named committee, w candidacy.	which is NOT my principal campaign committee, to receive and expend funds on	behalf of my
NOTE:This designation should be filed with	n the principal campaign committee.	
(a) Name of Committee (in full)		_
Freshman Hold'Em JFC		
(b) Address (number and street) 209 Pennsylvania Ave SE Suite 2109		
(c) City, State and ZIP Code		
Washington	DC 20003	
DESIGNA	TION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ ADDITIONAL ]
I hereby authorize the following named committee, v candidacy.	which is NOT my principal campaign committee, to receive and expend funds on	behalf of my
NOTE: This designation should be filed with	n the principal campaign committee.	
(a) Name of Committee (in full)		
Brooks-Walorski Joint Fun	ndraising Committee	
(b) Address (number and street) 4703 WOODWAY LANE NW		
(c) City, State and ZIP Code		
WASHINGTON	DC 20016	
DESIGNA	TION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ ADDITIONAL ]
I hereby authorize the following named committee, v candidacy.	which is NOT my principal campaign committee, to receive and expend funds on	behalf of my
NOTE: This designation should be filed with	n the principal campaign committee.	
(a) Name of Committee (in full)		
Walorski Victory Fund		
(b) Address (number and street) PO Box 26141		
(c) City, State and ZIP Code		_
Alexandria	VA 22313-6141	

## **FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)**

FEC Form 2 (Rev. 02/2003	3)			Page 3 /
DE	SIGNATION OF OTH (Including Join	ER AUTHORIZED  at Fundraising Represer		[ ADDITIONAL ]
I hereby authorize the following named co candidacy.	mmittee, which is NOT my prin	cipal campaign committee,	to receive and expend fund	s on behalf of my
NOTE: This designation should be	e filed with the principal cam	paign committee.		
(a) Name of Committee (in full)				
Patriot Day I				
(b) Address (number and street) 228 S Washington St Ste 115				
(c) City, State and ZIP Code				
Alexandria		VA	22314	
DE	ESIGNATION OF OTH	IER AUTHORIZED		[ ADDITIONAL ]
I hereby authorize the following named co- candidacy.	mmittee, which is NOT my prin	cipal campaign committee	, to receive and expend fund	s on behalf of my
NOTE: This designation should be	e filed with the principal cam	paign committee.		
(a) Name of Committee (in full)				
(b) Address (number and street)				
(c) City, State and ZIP Code				_
DE	SIGNATION OF OTH	ER AUTHORIZED		[ ADDITIONAL ]
I hereby authorize the following named co- candidacy.	mmittee, which is NOT my prin	cipal campaign committee	, to receive and expend fund	s on behalf of my
NOTE: This designation should be	e filed with the principal cam	paign committee.		
(a) Name of Committee (in full)				
(b) Address (number and street)				
(c) City. State and ZIP Code				